

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-04-7573.M5**

MDR Tracking Number: M5-04-2076-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-09-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the MRIs of the brain and the spinal canal & contents (lumbar spine) performed on 6/20/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 6/20/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

May 19, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M5-04-2076-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ____ external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement.

The ____ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ____ for independent review. In addition, the ____ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on _____. The patient reported that while at work he fell from a ladder and landed on his back and struck his head. The patient was evaluated by the company doctor and underwent x-rays of the lumbar spine that were reported as negative. The patient was instructed to take over the counter pain medications and return to work. On 6/13/03 the patient presented to his current treating chiropractor for further treatment. The patient was referred for a brain and lumbar spine MRI that was performed on 6/20/03. The impression from the brain MRI was noted to be consistent with ethmoid sinusitis. The MRI of the lumbar spine indicated straightening of the usual or expected lordosis that may reflect muscular pain or spasm, a 3mm focal posterior central discal substance herniation at L3-4, 2-3mm focal posterior central discal substance herniation at L4-5, and a 1-2mm symmetric annular disc bulge at the L5-S1 level.

Requested Services

MRI of brain and MRI of the spinal canal and contents, MRI of lumbar spine on 6/20/03

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor.

1. Letter of Medical Necessity 1/13/04
2. MRI report 6/20/03

Documents Submitted by Respondent:

1. Transcription note 6/12/03 and 6/13/03

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ____ chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his back and head on _____. The ____ chiropractor reviewer also noted that the patient underwent a MRI of the brain, spinal canal and contents, and lumbar spine on 6/20/03. The ____ chiropractor reviewer explained that the documents provided did not indicated that this patient had any neurological or physical deficits (cranial nerve deficits, pupil size, dizziness or blurred vision) indicating a closed head injury or concussion that would require a MRI of the brain. The ____ chiropractor reviewer also explained that according to the American Association of Family Physicians Assessment of Acute Low Back Pain guidelines, and the AHCPR

guidelines, indications for a MRI of the lower spine are neurological deficits, evidence of radiculopathy, evidence of cauda equine compression, systemic disorders, or localized back pain without radiculopathy, and failure of a 4-6 week course of conservative care. The ____ chiropractor reviewer further explained that this patient did not meet any of the criteria to justify a MRI of the brain, spinal canal and its contents, and lumbar spine.

Therefore, the ____ chiropractor consultant concluded that the MRI of brain and MRI of the spinal canal and contents, MRI of lumbar spine on 6/20/03 were not medically necessary to treat this patient's condition.

Sincerely,